一个控制情報。 PRINTED: 11/08/2012年位在 Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING TN1303 11/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 600 SHAWANEE RD TRI STATE HEALTH AND REHABILITATION CEI HARROGATE, TN 37752 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) N 831 1200-8-6-.08 (1) Building Standards N 831 12/22/12 The facility will replace the two doors and two frames which (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and connect the dining room to Hall the overall nursing home environment in such a 300 and 400. manner that the safety and well-being of the residents are assured. The Director of Maintenance will review and visually inspect every facility door in every area of the facility to ensure the doors are This Rule is not met as evidenced by: properly functioning. Any other Based on observation the facility failed to door noted to be functioning maintain the building. improperly will be repaired or The findings include: replaced. Observation on November 5, 2012 at 12:00 p.m. The Director of Maintenance will revealed that the two (2) doors and frames develop a quarterly inspection leading into the dining room were busted and protocol for all facility doors to damaged. monitor proper and complete This finding was verified by the maintenance closure, general condition, and director and acknowledge by the administrator alarm/lock function if so equipped. during the exit conference on November 5, 2012. 12/22/12 The facility's QA Committee will N 835; 1200-8-6-.08 (5) Building Standards N 835 review these inspections each quarter to ensure continued (5) No new nursing home shall be constructed.

nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department. together with fees and other information as required. Plans and specifications for new

compliance related to doors.

The facility will request approval for the Fire Alarm Control Panel from the Tennessee Department of Health. A request packet including a statement from the Licensed

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDERS TIVE'S SIGNATURE

construction and major renovations, other than

STATE FORM

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

Division of Health Care Facilities STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(X4) ID

TAG

PRÉFIX :

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY ... COMPLETED 01 - MAIN BUILDING 01

TN1303

A. BUILDING B. WING

11/05/2012

(X5) COMPLETE

DATE

12/22/12

TRI STATE HEALTH AND REHABILITATION CEI

Engineering Examiners.

STREET ADDRESS, CITY, STATE, ZIP CODE

PREFIX

TAG

N 835

600 SHAWANEE RD HARROGATE, TN 37752

N 835 Continued From page 1 minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the

rules of the Board of Architectural and

This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure alterations to the facility are made with prior approval from the Department of Health.

The findings include:

Observation and interview on November 5, 2012 at 2:50 p.m. revealed that a new Fire Alarm Control Panel (FACP) was installed without approval from the State.

This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on November 5, 2012. Contractor who installed, inspected, and verified the correct functioning, of the fire alarm panel post-installation, will be included in the request packet.

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

The facility administrator will ensure that any future repair or upgrade which could potentially be considered as a "major alteration" is submitted to the Department for review prior to the completion of the repair.

All future significant alterations, repairs, or proposed repairs, to facility Life Safety Systems will be reviewed by the QA Committee to ensure that appropriate requests and notifications to the Department have been completed.

Division of Health Care Facilities

STATE FORM

2TM621

If continuation sheet 2 of 2